

Please type a plus sign (+) inside this box ☒

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 215233.00500	
		First Inventor Kenneth W. Lock	
		Title The polymorphic form A of 4-[6-acetyl-3-[3-(4-acetyl-3-hydroxy-2-propylphenylthio)propoxy]-2-propylphenoxy]butyric acid acid	
		Express Mail Label No. 	
APPLICATION ELEMENTS		KATTEN MUCHIN ZAVIS ADDRESS TO: ROSENMAN	
<small>See MPEP chapter 600 concerning utility patent application contents.</small>			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Unexecuted Declaration b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ <small>Prior application information: Examiner _____ Group / Art Unit: _____</small>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	
		17. <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27160	
		or <input type="checkbox"/> Correspondence address below	
Name		Katten Muchin Zavis Rosenman	
Address		525 West Monroe Street, Suite 1600	
City	Chicago	State	Illinois
Country	United States	Zip Code	60661-3693
		Telephone	202 625-3621
		Fax	312 902-1061
Name (Print/Type)		Registration No. (Attorney/Agent)	
Robert W. Hahl Gilberto M. Villacorta, Reg. No. 34.038		33,893	
Signature		Date	June 24, 2003

17354 U.S. PTO
10/601862
06/24/03

18334 U.S. PTO
06/24/03

PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>				<p style="margin: 0; font-weight: bold;">Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>June 24, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>KENNETH WALTER LOCKE</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Group Art Unit</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>215233.00500</td> </tr> </table>				Application Number	Not Yet Assigned	Filing Date	June 24, 2003	First Named Inventor	KENNETH WALTER LOCKE	Examiner Name	Not Yet Assigned	Group Art Unit	Not Yet Assigned	Attorney Docket No.	215233.00500
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TOTAL AMOUNT OF PAYMENT		(\$)		375.00															

<p style="margin: 0; font-weight: bold;">METHOD OF PAYMENT (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Deposit Account Deposit Account Number: 50-1710 Deposit Account Name: KATTEN MUCHIN ZAVIS ROSENMAN </div> <div> <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </div> </div> <p style="margin: 5px 0;">The Commissioner is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments </div> <div> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application </div> <div> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </div>				<p style="margin: 0; font-weight: bold;">FEE CALCULATION (continued)</p>			
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<p style="margin: 0; font-weight: bold;">FEE CALCULATION</p>				<p style="margin: 0; font-weight: bold;">3. ADDITIONAL FEES</p>																																																																																																																																																																																																																																															
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